

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154

County Registrar No. 481

Local Registrar No. \_\_\_\_\_

No. Main Imperial Hospital Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Faustina La Verne Woods { If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY  
In event of plural  
female births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

7. Date of birth Jan 13 1926  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Ben Mc Donald Woods

14. MOTHER  
Full maiden name Katie Ida Allon

9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

10. Color or race  
White

11. Age at last birthday 31 (Years)

16. Color or race  
White

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

18. Birthplace (city or place) Globe,  
(State or country) Arizona

13. Occupation sculptor man  
Nature of Industry Copper

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother  
(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9<sup>30</sup> m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Filed Feb 3 1926 C. E. Davis  
Local Registrar.

Registrar \_\_\_\_\_

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

667-113-213